

Employee Emergency Notification Form

Employee Name: _____ Department _____

In the event of an emergency, I authorize a representative of Dallas County, Iowa, to notify the following persons:

Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Work Phone: _____	
Relationship to Employee: _____		

Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Work Phone: _____	
Relationship to Employee: _____		

Medical Information (Optional)

Doctor: _____ Phone: _____

Hospital Preference: _____

I understand and agree that Dallas County will have no obligation or liability to notify such persons.

Employee Signature

Date

Employee Personal Email Address

Employee phone number